

EASTON HEALTH DEPARTMENT SOIL TEST REQUEST FORM

Owner of property _____

Address of testing _____

Owner's phone number _____

Engineer's name _____ Phone Number _____

Installer's name _____ Phone Number _____

Please circle the following items that apply to the request

♦ Vacant lot/lots

♦ B100a

What is planned addition? _____

♦ Repair

Year the house was built _____

Number of existing bedrooms _____

Is there an existing As-Built? YES ☐ NO ☐

Is there an existing plot plan? YES ☐ NO ☐

We strongly recommend that you have an engineer present during the soil testing. If you choose not to and site limitations indicate an engineer is needed, the testing may need to be repeated at your own expense. We request that the deep holes are 2-1/2 to 3 feet wide, 7 feet deep and ramped for easy access.

The percolation holes should be 24-36" (inches) deep, dug and presoaked 2 hours before the scheduled test time. It is the responsibility of owner/engineer to be sure an adequate number of test holes are dug in the proposed septic area for Health Department review. Depending on the final submitted septic design, more test holes may be requested. The more test hole information available, the better the site evaluation will be.

FOR OFFICE USE ONLY

- PERMIT # _____
- PAYMENT - \$200.00/SOIL TESTS FOR NEW LOTS/REPAIRS/B100a
- FIELD CARD ATTACHED
- SCHEDULE DATE AND TIME _____